

Form No. 1

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**County of **Richland**Township of **Centerville**

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. **3801** Registered No. **76**
(For use of Local Registrar)(2) Full Name of Child **Alfred**

If child is not yet named, make supplemental report as directed

1) BOY OR GIRL boy	4) Twin or Triplet no	5) Age at Birth 3	6) Age at Birth 3	7) DATE OF BIRTH SEP 3 1923
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FATHER.		MOTHER.	
8) FULL NAME Lee Peak	14) NAME BEFORE MARRIAGE Walter Matkins	9) PRESENT POSTOFFICE OF FATHER Edgewood St.	15) PRESENT POSTOFFICE OF MOTHER Edgewood St.
10) COLOR OR RACE white	11) AGE AT LAST BIRTHDAY 26	16) COLOR OR RACE white	17) AGE AT LAST BIRTHDAY 26
12) BIRTHPLACE Richland Co. S.C.	18) BIRTHPLACE Richland Co. S.C.	13) OCCUPATION farming	19) OCCUPATION house wife
20) Number of children born to mother, including present birth 1	21) Number of children of this mother now living, including present birth 1		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was **born alive or stillborn** on the date above stated.(23) (Signature) **Mary Smith**(24) State whether **Physician or Midwife** (25) Address of Physician or Midwife **Richland Co. S.C.**

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Registrar **ASB**

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.